CLAIMS ONLY

Application Number	Filing Date
10/501132	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9	1						59						
10		1					60						
11							61						
12	1						62						
13		1					63						
14							64						
15		1					65						
16							66						
17							67						
18							68						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	12						Total Depend						
Total Claims	15						Total Claims						